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Fetal Ascites

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applied. While the hips of the fetus passed through the pelvic inlet the stump of the right femur was carefully guided to prevent injury of the cervical and vaginal mucosa. The thorax passed out through the dam's pelvis with more resistance due to the position of the fore limbs which were ankylosed in a position extending under the thorax. The placenta came away with the fetus.

The interior of the uterus was palpated to see if any trauma attended the delivery, but no evidence of injury was found. Four one-ounce capsules of boric acid were placed in the uterus. The cow made an uneventful recovery.

The fetus was of aproximately normal size and apparently suffered no deformity other than the ankylosed joints and contracted tendons of the legs. An interesting sidelight is that the fetus was the result of a mother-son mating.

—R. E. Kyner, '41

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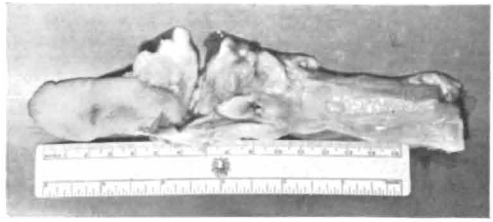
3 **Carcinoma in a Cat.** On Nov. 6, 1940, an eight-year-old male Maltese cat was presented at the Stange Memorial Clinic. The history received was that the cat had been off feed for a period of about ten days. Examination of the patient revealed extensive emaciation, difficulty in deglutition, and tumor formation involving the pharynx and base of the tongue. Euthanasia was advised and the cat was destroyed by Nembutal.

The following morning a complete postmortem examination was performed, and no pathological lesions were noted until the pharynx and surrounding tissues were examined. An enlargement of the right pharyngeal lymph node was noted which caused it to exert pressure against the esophagus and trachea. The node was white in color, and about three inches in diameter, and firm to the touch. The tissue surrounding the node, the wall of the pharynx and the base of the tongue were of the same character. These structures were white in color, and the base of the tongue was so enlarged that it almost filled the posterior part of the oral cavity.



Squamous cell carcinoma

Micro-sections were made of the tongue, lymph node, and surrounding tissue.

A longitudinal section through the tongue revealed that the basal portion was infiltrated with squamous cells. A few islands of isolated, atrophied muscle cells were still present. In progressing from the base of the tongue to the anterior tip, the infiltration of squamous cells decreased while the muscle cells became more abundant in number.

The section through the lymph node revealed extensive replacement of lymphoid tissue by squamous cells except for a crescent-shaped area on one side of the node. At the junction of the areas, finger-like projections of squamous cells extended into the lymphoid tissue. The surrounding tissue showed a chronic inflammatory process with a leucocytic infiltration. Areas of dead tissue were walled off and surrounded by a thick ring of leucocytes. This tissue was also heavily infiltrated with squamous cells.

The entire pathological picture could be summarized as a malignant squamous cell carcinoma involving the base of the tongue, pharyngeal lymph node and pharynx. Due to its location it produced the clinical symptoms noted. It had not progressed to the stage of metastasis to other parts of the body.

—E. Paul Eder, '41

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4 **Fetal Ascites.** The dam was a grade Shorthorn about six years old. She had been in labor several hours and parturition was one month premature.

Upon palpation of the calf in the birth canal it was found to be an anterior presentation with dorso-sacral position, the

crossed forelegs apparently impeding normal parturition. The legs were straightened out, an obstetrical chain attached to them and traction applied. The calf failed to come easily, and placing one hand in the birth canal it was found that the head was slipping back into the uterus when traction was applied to the legs. A running wire loop was placed over the upper jaw of the fetus and sufficient traction applied to keep the head in the physiological position while greater traction was placed on the forelegs. The calf then came easily until the fetal pelvis entered the maternal pelvis. Steady traction served to bring the calf out without damage to the dam.

Examination of the dead calf revealed a distended abdominal cavity. Incision of the cavity released about a gallon of blood-tinged serous fluid.

It was necessary to make a return call the following day to remove the fetal membranes. The cow at this time was depressed, but made a satisfactory recovery.

—Dr. M. S. Thorpe, Canby, Minn.
by L. T. Christensen, '42

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5 **Pitchfork Tine in a Horse's Leg.** On Nov. 16, 1940, a black seven-year-old mare was brought to the Stange Memorial Clinic with a history of lameness and enlargement of the fetlock and pastern joints of the right posterior limb.

The owner stated that the mare had injured its leg the past summer on a pitch fork. He said a ringbone had started to develop recently.

Nothing could be determined by palpation. Two X-rays were taken, one from the front and one from the lateral side. They showed a three-inch portion of a pitch fork tine lodged in the limb parallel to the first phalanx. The loose end was surrounded by a great deal of connective tissue. The deep, sharp end which laid in close to the bone had caused an exostosis of the distal end of the first phalanx. The tine appeared to have gone in from an anterior-median direction.

Two days later the mare was put in the stocks and given one and one-half ounces of chloral hydrate, administered through a stomach tube. She was restrained on the operating table on her right side. After the operative site was shaved, cleaned, and tincture of iodine applied, the incision was made just below the fetlock joint on the dorsal surface of the first phalanx.

A considerable amount of connective tissue was necessarily removed before the piece of fork tine could be located. A pair of forceps was used to pull the piece of tine from its lodgement. Liquid bipp (bismuth and subnitrate, 1 part; iodoform, 2 parts; liquid petrolatum, 15 parts) was used to fill the tract. The wound was bandaged and the animal returned to her stall.

The next morning the bandage was removed. The tract was filled with butesin picrate ointment and the wound rebandaged. Very little lameness was evidenced on exercising the mare.

The above treatment was repeated for the next two days. An increased lameness and swelling then made it advisable to change treatment on the third morning. The limb was soaked in a phenol-formalin 2 percent solution for one-half hour before the butesin picrate and bandage were applied.

The above treatment was repeated for the next six days. On the seventh day, no treatment seemed to be indicated. The developing ringbone was anesthetized with 2 percent procaine. The area was